

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703
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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

APPLICATION ADDENDUM FOR LANDSCAPE ARCHITECT REGISTRATION

Information: This form is only to be used by Landscape Architect applicants who have taken and passed all sections of the Landscape Architectural Registration Examination.

This form must be completed and mailed to: DSPS, Professional Credential Processing, P.O. Box 8935, Madison, WI 53708-8935, or emailed to: DSPSCREDAEJointBoard@wisconsin.gov.

If any section of the examination was taken in another state, you must request a verification of exam scores from that state be sent directly to the Department. You must also contact CLARB at www.clarb.org and request all exam scores be sent to the Department.

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>			Daytime Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing Address (if different) <input type="text"/>			Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address <input type="text"/>			

Examinations: Indicate the date and state where you passed the exam(s).		
<u>Exam</u>	<u>Date Passed</u>	<u>State</u>
Section 1:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Section 2:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Section 3:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Section 4:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>